

Prior Authorization Requirements for Massachusetts Senior Care Options

Effective July 1, 2023

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Massachusetts Senior Care Options participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone: 888-867-5511**
- **Fax: 888-840-6450;** fax form is available at UHCprovider.com/MAcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Behavioral health services	Behavioral health services through a designated behavioral health network	For prior authorization, please call Optum Behavioral Health at 800-632-2206 .			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required	20974	20975	20979	
BRCA genetic testing	Prior authorization is required	81163	81164	81165	81166
		81212	81215	81216	81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization is required	19316	19318	19325	19328
		19330	19340	19342	19350
		19355	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cardiovascular	Prior authorization is required	Cardiology 93653 93656 33285 E0616 Vascular 37220 37221 37224 37225 37226 37227 37228 37229 37230 37231 Prior authorization is required for the following diagnosis codes: E08.52 E09.52 E10.52 E11.52 E13.52 I70.221 I70.222 I70.223 I70.228 I70.229 I70.231 I70.232			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cochlear and other auditory implants	Prior authorization is required	69714	69930	L8614	L8619
A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech		L8690	L8691	L8692	
Continuous Glucose Monitor	Prior authorization is required	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
Cosmetic and reconstructive	Prior authorization is required	11920	11950	11951	11952
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		11954	15820	15821	15822
		15823	15830	15832	15833
		15834	15835	15837	15838
		15839	15877	15878	15879
		17999	19300	21172	21175
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21260	21261	21263
		21267	21268	21270	21275
		21299	21740	21742	21743
		28344	30120	30540	30545

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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30560	30620	31295	31296
31297	31298	67900	67901
67902	67903	67904	67906
67908	67909	67912	67961

Durable medical equipment (DME)

Prior authorization is required
 Prosthetics are not DME – see Orthotics and prosthetics.

Prior authorization is required **regardless of billed amount:**

E0466	E1230	E1239	E2510
E2609	E2617	E8000	E8001
E8002	K0812	K0813	K0814
K0815	K0816	K0820	K0828
K0829	K0830	K0831	K0835
K0837	K0838	K0839	K0841
K0842	K0843	K0857	K0859
K0869	K0870	K0871	K0877
K0878	K0879	K0880	K0884
K0885	K0886	K0890	K0891
K0898	K0899		

Prior authorization is required only for a **retail purchase or cumulative rental cost of more than \$1,000**

A9280	E0170	E0193	E0194
E0203	E0220	E0221	E0230
E0231	E0232	E0238	E0244
E0246	E0270	E0273	E0274
E0277	E0300	E0302	E0304
E0315	E0316	E0328	E0329
E0350	E0373	E0459	E0462
E0465	E0481	E0483	E0571
E0603	E0617	E0618	E0625
E0635	E0636	E0637	E0638
E0640	E0641	E0642	E0692
E0693	E0694	E0700	E0710
E0740	E0746	E0761	E0764
E0766	E0770	E0782	E0783
E0784	E0785	E0786	E0830
E0936	E0970	E0983	E0984
E0986	E0988	E1002	E1003
E1004	E1005	E1006	E1007
E1008	E1009	E1010	E1011
E1017	E1018	E1020	E1029
E1030	E1035	E1036	E1037
E1050	E1070	E1084	E1085
E1086	E1087	E1089	E1100
E1110	E1161	E1170	E1171
E1172	E1180	E1190	E1195
E1200	E1222	E1224	E1227
E1228	E1229	E1231	E1232

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		E1233	E1234	E1235	E1236
		E1237	E1238	E1250	E1270
		E1280	E1285	E1290	E1295
		E1296	E1297	E1298	E1300
		E1310	E1399	E1500	E1510
		E1520	E1530	E1540	E1550
		E1560	E1575	E1580	E1590
		E1592	E1594	E1600	E1615
		E1620	E1625	E1630	E1632
		E1634	E1635	E1636	E1637
		E1639	E1699	E1812	E2300
		E2310	E2311	E2321	K0020
		K0037	K0039	K0044	K0046
		K0047	K0050	K0051	K0056
		K0065	K0072	K0073	K0098
		K0105	K0108	K0455	K0609
		K0730	K0734	K0735	K0736
		K0737	K0743	K0744	K0745
		K0746	K0800	K0801	K0802
		K0806	K0808	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0836	K0840	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0858	K0860	K0861	K0862
		K0863	K0864	L0462	L0464
		L1000	L1005	L2136	L5400
	L5420	L5535	L5585	L6380	
	L6382	L6384			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization is required	B4100	B4102	B4103	B4104
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161			
Experimental or investigational (and/or linked services)	Prior authorization is required	64722	64744	66180	95965
		95966	0200T	0201T	
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required	29914	29915	29916	
Gender dysphoria treatment	Prior authorization is required	55970	55980		
		These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont.)		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	21899
		31599	31899	53410	53420
		53425	53430	54125	54400
		54401	54405	54408	54520
		54660	54690	55175	55180
		55866	56625	56800	56805
		57106	57110	57291	57292
		57295	57296	57335	57426
	58661	58720	58940	64856	
	64892	64896	92507	92508	
Hearing Aids and Devices	Prior authorization is required for replacements when billed with modifier RA	V5030	V5040	V5050	V5060
		V5070	V5080	V5100	V5130
		V5140	V5150	V5171	V5172
		V5181	V5190	V5211	V5212
		V5213	V5214	V5215	V5221
		V5230	V5243	V5245	V5246
		V5247	V5249	V5251	V5252
		V5253	V5254	V5255	V5256
		V5257	V5258	V5259	V5260
V5261	V5262	V5263	V5298		
Home health care	Prior authorization is required only in outpatient settings, to include member's home	99503	G0151	G0152	G0153
		G0155	G0156	G0157	G0158
		G0159	G0299	G0300	G0493
		G0494	G0495	G0496	S9122
		S9123	S9124	S9127	S9128
		S9129	S9131	S9474	
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization is required	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58294	
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization is required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization is required	Adakveo® J0791			
		Apretude™ J0739			
		Crysvita® J0584			
		Cutaquig®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J1551	Entyvio™			
	J3380	Evkeeza™			
	J1305	Givlaari®			
	J0223	Hemgenix®			
	J1411	Leqvio®			
	J1306	Luxturna™			
	J3398	IVIG			
	90284	Ocrevus™			
	J2350	Onpattro™			
	J0222	Orencia™			
	J0129	Oxlumo™			
	J0224	Panzyga®			
	J1576	Radicava®			
	J1301	Reblozyl®			
	J0896	Ryplazim™			
	J2998	Soliris®			
	J1300	Spevigo®			
	J1747	Spinraza™			
	J2326	Tepezza®			
	J3241	Ultomiris™			
	J1303	Unclassified and temporary codes			
	C9086*	C9149*	C9151*	C9399*	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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J3490* J3590*

Uplizna®

J1823

Vyvgart™

J9332

Zolgensma®

J3399

*For unclassified and temporary codes C9086, C9149, C9151, C9399, J3490 and J3590, notification/prior authorization is only required for Amvuttra™, Leqembi®, Nulibry™, Saphnelo™, Syfovre®, Tzield

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Inpatient admissions	Prior authorization is required for acute inpatient, acute inpatient rehabilitation (AIR), long term acute care (LTAC) and skilled nursing facilities (SNF)				
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Joint replacement Joint, total hip and knee replacement Procedures	Prior authorization is required	23470	23472	24360	24361
		24362	24363	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27445
		27446	27447	27486	27487
		27488	29866	29867	29868
		29870	29873	29874	29875
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	J7330		

Long-term services and support for home- and community-based services	Prior authorization is required through the member's case manager during the process of care planning assessment and determination of needs	For additional information, please call UnitedHealthcare Community Plan Senior Care Options at 888-867-5511			
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Non-emergent air transport	Prior authorization is required	A0140 A0436	A0430	A0431	A0435
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Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization is required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255			
Orthotics	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0466
		L0468	L0480	L0482	L0484
		L0486	L0622	L0623	L0624
		L0629	L0631	L0632	L0634
		L0636	L0638	L0700	L0710
		L0810	L0820	L0830	L0859
		L0999	L1001	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		L2080	L2090	L2126	L2232
		L2320	L2387	L2520	L2525
		L2526	L2627	L2628	L2800
		L2861	L3160	L3201	L3202
		L3203	L3204	L3206	L3207
		L3208	L3209	L3211	L3212
		L3213	L3214	L3215	L3216
		L3217	L3219	L3221	L3222
		L3250	L3251	L3252	L3253
		L3254	L3255	L3257	L3265
		L3320	L3485	L3649	L3674
		L3720	L3764	L3765	L3766
		L3891	L3900	L3901	L3904
		L3921	L3956	L3961	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	L4000	L4030
		L4040	L4045	L4050	L4055
		L4631			
Potentially unproven services (and/or linked services)	Prior authorization is required	28890	33289	36514	64405
		C2624			
Private duty nursing	Prior authorization is required	T1000	T1002	T1003	
Prostate procedures	Prior authorization is required	53850			
Prosthetics	Prior authorization is	L5010	L5020	L5050	L5060

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (continued)	required only for Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5500	L5505	L5510	L5520
		L5530	L5540	L5560	L5570
		L5580	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6624
		L6638	L6646	L6648	L6693
		L6696	L6697	L6707	L6709
		L6712	L6713	L6714	L6715
		L6721	L6722	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7499	L8035	L8039	L8041
L8042	L8043	L8044	L8049		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		L8499	L8505	L8604	L8609
		L8629	L8699		
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology.			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization is required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required	21685 42299	41512	41599	42145
Spinal surgery	Prior authorization is required	22100 22112 22210 22222 22548 22558 22610 22800 22810 22830 22855 22865 63001 63012 63020 63045 63051 63075 63087 63170 63190	22101 22114 22212 22224 22551 22590 22612 22802 22812 22849 22856 22867 63003 63015 63030 63046 63055 63077 63090 63172 63191	22102 22206 22214 22532 22554 22595 22630 22804 22818 22850 22861 22869 63005 63016 63040 63047 63056 63081 63101 63173 63197	22110 22207 22220 22533 22556 22600 22633 22808 22819 22852 22864 22899 63011 63017 63042 63050 63064 63085 63102 63185 63200

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization is required	Bone Growth Stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		64555	63650	63655	63685
		61885	64568	61850	61863
		61864	61867	61868	61886
		64590			
Transplants	Prior authorization is required	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
			S2152		
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		C9098**	J9999**	Q2041	Q2042
		Q2053	Q2054	Q2055	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
**For temporary and unclassified code C9098 and J9999 prior authorization is only required for Carvykti™					
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization is required	37700	37718	37722	37735
		37765	37766	37780	37785
		37799			
Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the	Prior authorization is required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			